

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/667,966		Filing Date 23 September, 2003		<input type="checkbox"/> To be Mailed					
				Applicant(s) XIE ET AL.						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 04/18/2007		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1		1					51						
2		CANC	ELED				52						
3		CANC	ELED				53						
4		1					54						
5		1					55						
6		1					56						
7			1				57						
8			1				58						
9			1				59						
10			1				60						
11		1					61						
12			1				62						
13			1				63						
14			1				64						
15			3				65						
16			1				66						
17			1				67						
18			3				68						
19		CANC	ELED				69						
20		CANC	ELED				70						
21			3				71						
22			3				72						
23			3				73						
24			3				74						
25			3				75						
26			3				76						
27			3				77						
28			1				78						
29			1				79						
30			1				80						
31			1				81						
32			1				82						
33			1				83						
34			1				84						
35			3				85						
36			1				86						
37			1				87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep		7					Total Indep						
Total Depend			45				Total Depend						
Total Claims			52				Total Claims						

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